

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED JUL 22 1946

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24680

Do not use this space.

1. PLACE OF DEATH

(a) County Ripley
(b) Township Doniphan
(c) City "

Registration District No. 301
Primary Registration District No. 6040

Registered No. 3134

(e) Length of residence in city or town where death occurred

(If death occurred in Hospital or Institution, write its name instead of street and number)
St. "
yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Old Burr St. "
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-31-1942

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 10 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Stone Co. Mo.
(STATE OR COUNTRY)

13. NAME Frank Beaver

14. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY)

15. MAIDEN NAME Maxine Carlee

16. BIRTHPLACE (CITY OR TOWN) Colorado
(STATE OR COUNTRY)

17. INFORMANT Mrs. Maxine Beaver
(ADDRESS) Burr, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Johnson's Chapel DATE 7-6-46

19. FUNERAL DIRECTOR (NAME) B. E. Jordan
(ADDRESS) Doniphan, Mo.

20. FILED 7-8-46 CB Johnston
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-3-46

22. I HEREBY CERTIFY That I attended deceased from July 3 1946 to July 3 1946

Last seen alive on July 3 1946. Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Kerosene poisoning

Other contributory causes of importance:
Accidental Swallowing of Kerosene

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7-3-46
Where did injury occur? Burr, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) Doyle, M. D.
(Address) Doniphan, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

J. H. Jordan
Licensed Embalmer No. 3200

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.